

(pre-employment questionnaire) (an equal opportunity employer)

PERSONAL INFORMATION Applicant: Please complete all applicable information (marked by gray boxes) Date SSN# Name Birth Date Last First Middle Month / **Present Address** City / Town Street State Zip **Permanent Address** City / Town Street State Zip Phone # Are you 18 or Yes (No () **Email Address** older? Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes () No (**EMPLOYMENT DESIRED** Position Date you can start Salary Desired Are you Employed Now? If so, may we contact your present employer? Applied to this company before? Where? When? Referred By Did you # years **EDUCATION** Name and location of school Subjects studied attended graduate? **Grammar School High School** College Graduate or Postgraduate School Trade, Business or Correspondence School **GENERAL** Subjects of special study or research work Special skills Activities (Civic, Athletic, etc) Exclude organizations, the name(s) of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members U.S. Military or Naval Present membership in service Rank national guard / reserves

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Form rev: REI

FORMER EMPLOYERS	(List your most recent employers below, starting with the last one first)					
Date (Month and Year)	Name and Address of employer			Salary	Position	Reason for leaving
From						
To						
From To						
From						
То						
From						
То						
Which of these jobs did	you like best	?				
What did you like most a	about the job)?				
REFERENCES (Give the names of three persons not related to you whom you have known for at least one year)						
Name		Address		Business		Years Acquainted
THE FOLLOWING STATEMENT APPLIES IN: MARYLAND AND MASSACHUSETTS. (FILL IN NAME OF STATE) IT IS UNLAWFUL IN THE STATE OF TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AND						
EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.						
Signature of Applicant						
In case of emergency,				Signature of Appli	cuit	
notify:						
	Name Address					Phone #
"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR MY COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."						
Date		Signa	ature of Applicant			
APPLICANT: DO NOT WRITE BELOW THIS LINE						
Interviewed By					Date	
Remarks:						
Neatness				Ability		
Hired	Position Dept					
Salary/Wage	Date Reporting to work					
Approved (signatures)						
	Employment	t Manager	Dept Hea	ad	(General Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application For Employment form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.